

Indigenous Medical Knowledge and the Experiences of ZIPRA Guerrillas in Zimbabwe's Liberation Struggle

Joshua Chakawa

Midlands State University, Zimbabwe
chakawaj@staff.msu.ac.zw

Abstract

This article aims to examine the importance of indigenous medical knowledge during the 1970s when guerrillas from the Zimbabwe People's Revolutionary Army (ZIPRA) negotiated their way to the front to fight the Rhodesian white minority regime. From the 1960s until the ceasefire at the end of 1979, ZIPRA was one of the two liberation movements that waged war to liberate Zimbabwe. This article traces the experiences of guerrillas who moved from the Zambian side of the Zambezi Valley into Rhodesia. The terrain that the guerrillas had to navigate on foot was punctuated by many devastating and life-threatening challenges. Some of these included malaria, sleeping sickness, venereal diseases, snake bites, mental disorders, injuries and even fatigue. Given that the guerrillas had no hospitals and other medical facilities at their disposal, it is important to establish how local knowledge assisted them to survive, especially when ailments struck them. The purpose of this study was to determine the role the fighters' knowledge of indigenous medicines played in dealing with these difficulties. The author collected information by conducting interviews with former ZIPRA guerrillas who had operated in Zimbabwe during the war. Some civilians who were in ZIPRA operational areas were also interviewed. The importance of the study lies in understanding the continued use and existence of indigenous medical remedies in Zimbabwe. Findings from the study are valuable in widening knowledge horizons on indigenous medical knowledge as a useful alternative in times of need.

Keywords: indigenous medical knowledge; metaphysics; healthcare; cosmology; supernatural; water sickness

Introduction

The idea of undertaking this study came from two unrelated studies I undertook between 2009 and 2015. The first one was for purposes of my PhD thesis on security force



auxiliaries who fought for a political leader, the late Abel Muzorewa (now believed to have been a sellout). In my thesis (Chakawa 2015), I included a section on how the security forces made use of indigenous knowledge systems to survive the challenges of the war. In 2014, I co-published an article on metaphysics in Zimbabwe's war of liberation (Nyawo and Chakawa 2014) based on information I had derived largely from the memories of Zimbabwe African National Liberation Army (ZANLA) guerrillas. In the same year, I had discussions about the environmental challenges the Zimbabwe African People's Union (ZAPU) guerrillas encountered as they tried to get into Rhodesia. In a discussion I had with a number of lecturers from the University of Venda, they indicated that they were seriously considering introducing courses in indigenous medicine at the university and, if possible, training herbalists. When I realised that coping mechanisms through indigenous medical knowledge had never been captured, I decided to work on the current article.

A question I pondered was: Why indigenous medical knowledge in a world that relies on science, and when most ailments people suffer from can be treated easily in hospital? The answer is that the health sector in Zimbabwe has not been performing as excellently as it did in the 1980s. As such, often when patients visit clinics, they are asked to go and buy drugs, which in some cases turn out to be unusually expensive. In addition, some areas are so remote that in the case of emergencies, such as snake bites, the first intervention sought is that of indigenous medical experts. Sometimes, it may not be necessary at all to visit the hospital. In short, the poor generally rely and thrive on their knowledge of traditional herbs to deal with their day-to-day health problems. Even the rich, who have access to advanced medical facilities, also often consult traditional healers because of the complicated way in which illness is understood in African societies. Although there are concerted efforts to bring Western medicines to the remotest parts of the country, people in Africa (rich and poor) still rely on traditional herbalists. In 21st-century Zimbabwe, there has been a mushrooming of traditional healers claiming to treat all sorts of ailments. Many people from Zimbabwe and beyond consult them.

From colonial times, indigenous medical systems have undoubtedly suffered a great deal of denigration, but still they survived. As a result of the war, the guerrillas encountered numerous challenges in crossing the Zambezi River on their way to Rhodesia: they had to cross the mosquito- and tsetse fly-infested Zambezi Valley; they suffered the extensive heat of these areas; and they had to take care of the sick and injured. Local medical knowledge played a key role in helping the fighters deal with such challenges. Snake bites needed immediate attention but it was suicidal for guerrillas to go to the hospital because they could be easily picked out by Rhodesians, and the result could be disastrous.

It is against this background that a study of the role of indigenous medical knowledge in Zimbabwe's history of liberation finds justification. This article is important because it challenges and it makes a plea to those in the mainline scientific and medical fraternities to consider collaborating with indigenous medical practitioners in areas where they have an edge. Such collaboration is not unusual—many European medications are based on the

knowledge of herbalists. In Africa, this kind of collaboration is frowned upon; hence resuscitating memories of guerrilla experiences may help in whetting an appetite for collaboration. A substantial amount of guerrilla history was not recorded during the war. It is through capturing oral history, as is done in this article, that some of these memories may be recovered.

Conceptual Framework

In order to understand indigenous medical knowledge it is essential to have a basic appreciation of traditional healing. Bagwana (2015, 13) describes traditional healing as a continuous experience from one generation to the other. Diseases are cured using interventions that may be locally available. Such therapies make use of plants, roots, tree bark, leaves, seeds, animal fat, skins, bones, portions of meat from certain animals, and so on. Traditional medicine refers to healthcare practices that have a long history of use (Abott 2014, 3) and to knowledge that has been developed locally over an extended period of time. Indigenous medical knowledge is closely linked to people's cosmology, to their understanding of the universe. In short, it is closely aligned to people's spiritual realm. Relevant to this article is that those who administered indigenous medicine to guerrillas included spirit mediums, local herbalists, chiefs, headmen and fortune-tellers. They can all be described as local or indigenous, thus suggesting local ownership of the knowledge. The World Health Organization (cited by Olatokun 2010) defines traditional medicine as the sum total of knowledge, skills and practices based on theories, beliefs and experiences indigenous to different cultures, whether explainable or not, in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical or mental illness. Guerrillas suffered from such illnesses, and as they operated outside their home areas, they depended on civilians in the operational areas to treat them.

ZIPRA Medical Facilities during the War

In the rear area of the war (i.e. Zambia), ZAPU had medical facilities, which included hospitals and clinics donated by countries that were sympathetic to the war of liberation in Zimbabwe. A former guerrilla from Bulawayo, Dube (pers. comm. 2017), revealed that ZIPRA had its own cohort of trained doctors, nurses and medical assistants, some of whom had been trained and had joined the war, whereas others had been sent abroad for training in order to help deal with medical challenges during the war that were faced at the rear and the front. In addition to that, Zambian clinics and hospitals helped to treat ZIPRA and African National Congress (ANC) guerrillas. The latter operated with ZIPRA right up to the end of the war. Further, guerrilla and refugee camps had clinics to treat the sick. Dube added that when guerrillas at the front became sick or were injured, medics, who were guerrillas themselves, took care of them. If medical supplies ran out, local clinics and hospitals were sometimes compelled to replenish the stocks. Every combatant was supposed to have basic knowledge of first aid so as to be able to assist a colleague in time of need. Mavhunga (2015, 299) indicated, however, that most of the medical facilities were at the rear (in Zambia). This was where ZAPU had doctors, nurses and technicians. ZAPU

also had good relations with the University Teaching Hospital. One ZIPRA camp, Solwezi, actually had a big hospital. At Victory Camp, there was a laboratory for doing tests, such as malaria and pregnancy and various blood tests (Mavhunga 2015). These facilities were lacking at the front, hence guerrillas had to make do with what was locally available to them. Further, negotiating their way back to Zambia was not only long but risky, especially when carrying a colleague incapable of self-defence.

A former ZIPRA regional commander for Northern Front 3 (Mbedzi, pers. comm. 2018) reported that guerrillas going to the front had to be equipped with proper medical supplies, for example, they had to bring along their own bandages. The medic carried drugs, including those that had to be prescribed by a doctor. Since the journey to Rhodesia was often negotiated via the mosquito-infested Zambezi Valley, it was mandatory for medics to carry chloroquine to treat malaria. Despite knowledge of the usefulness of Western medicine, African guerrillas always reverted back to indigenous medical knowledge to survive the war and its challenges. Mbedzi asserted that a herb called *murumanyama* in the Shona language was often used to treat malaria and related pains. It was locally available and dependable, as its usefulness and capacity to heal was known. This confirms that despite exposure to alien cultures during training, guerrillas remained rooted in their indigenous knowledge. Flower (1987, 116), head of the Rhodesian Central Intelligence Organization during Zimbabwe's war of liberation, acknowledges that black guerrillas could invoke the spirits, which white administrators could not do. These mediums did not only give spiritual guidance to guerrillas, but they were renowned for their knowledge and capacity to deal with many diseases and afflictions that tended to affect guerrillas at the front. For this reason, white administrators sought to enlist the help of spirit mediums. Guerrillas, who were a long distance away from their sources of Western medicine, were innovative enough to survive on that which was readily available to them. Rhodesian forces were aware of this, and at the front they did not dissuade their African soldiers from making use of indigenous remedies to solve their problems.

Dimensions Defining the Use of Indigenous Medicine by Guerrillas

Health problems at the front compelled ZIPRA combatants to rely on indigenous medical knowledge despite their understanding of Western medicine. This then explains why combatants who brought their Western medicines to the front still relied on local remedies considered to be outside conventional medicine. The point is that despite medical kits and medically trained personnel, the front where the war was being fought had its own challenges, which required fighters to devise survival strategies. Accordingly, the indigenous knowledge of a group or individuals was the key to survival. Often, guerrillas suffered from complicated illnesses that medical assistants had no answer to. According to Zulu (pers. comm. 2014), who was a nurse based in Zambia during the war, such challenges included mental disorders, hallucinations, wounds that often affected the feet, and shivering. The limited medical facilities and personnel could not deal with such problems. Therefore, the prime reason for turning to indigenous medical facilities was the absence of medication to deal with unexplained illnesses, illnesses that were often attributed to spirits.

Another point to consider is that combatants came from diverse backgrounds and that some strongly believed in the usefulness of traditional remedies. In many parts of rural Africa, traditional healers prescribing medicinal interventions were known to be easily accessible and capable of providing affordable health resources to the local community (Mahomoodally 2013). It was therefore unnecessary to search for interventions in times of sickness—the right people were traditional healers and herbalists, and they were available. A good example came from oral testimonies collected in Chundu in 2013. Chundu was an entry point for both ZIPRA and uMkonto we Sizwe combatants who came from Zambia and proceeded to the rest of the Hurungwe District, into Gokwe and sometimes Matabeleland provinces. Guerrillas passing through or based in Chundu came to realise the value of working together with Chimombe, the local spirit medium (Nyamasoka, pers. comm. 2013). Chimombe hid and took care of injured and sick guerrillas. He was believed to have supernatural powers because the combatants who went to him for treatment were not found by Rhodesian forces right up to the end of the war. He also treated mental disorders, which were believed and are still believed to be caused by evil spirits. The role that Chimombe played in serving guerrillas was confirmed in a separate interview with a former ZIPRA guerrilla, Magwizi (pers. comm. 2014). The bulk of the guerrillas who had a short stint in Chundu communal lands remember the pivotal hand that Chimombe extended to guerrillas. If he successfully treated guerrillas, and also insulated them from the enemy, then there is every reason to enquire into traditional medical interventions.

Treating wounds, especially those inflicted by government security forces, was often done privately using herbalists and spirit mediums. This could take place in the forest, in caves, and away from where people could see what was going on. The case of headman Mudzimu of the Hurungwe District can serve as an example. In 1978 he was once thoroughly beaten up by security force auxiliaries for siding with ZIPRA and ANC guerrillas who were operating in the area under his traditional jurisdiction. Fortunately for him, his life was spared but he was badly injured. When he was caught, Muparaganda and Nyamapfeka, his village heads, rushed to Karereshi and told the spirit medium of Nyanhewe that Mudzimu was dead. Nyanhewe in turn assured them that Mudzimu was alive. The two were given some snuff to take to him. They smeared this on his wounds and took him to cave hideouts for further treatment by spirit mediums. He claims that he was eventually protected by ZIPRA guerrillas who did not attempt to use Western medicines to treat him. Instead, they allowed regular visits of his traditional healers who took care of the wounds inflicted by thorough beating until he was completely healed. He then went on to stay with ZIPRA guerrillas right up to the end of the war. In an interview conducted in 2014 with his village heads, Zaranyika, Bandera, Nyamharepare and Manjengwa, they confirmed what had happened to him (Mudzimu 2014).

Other illnesses were induced by fear of crossing the Zambezi River or seeing the mighty river itself. Newly trained guerrillas found it imperative to use indigenous medicines so as to gather enough courage to successfully cross it. Some of them sought the help of Tonga healers and herbalists while others ate roots and berries, which they thought would insulate

them against drowning. A former ZIPRA political commissar, Baleni (pers. comm. 2017), who had been trained in Russia, advanced that the Zambezi waters were sickening to those who were crossing for the first time. Guerrilla trainees privately shared many stories in connection with the dangers of crossing the Zambezi. It was explained to the guerrillas before crossing that they should befriend the river as a companion in war, but sometimes this simply did not work. There were often unfortunate incidences on the river, such as the capsizing of boats. According to Baleni, some guerrillas believed that if you applied lion's fat to your skin as ointment, you would not be attacked by hippos as you crossed the Zambezi. On the contrary, during one crossing, there was an incident when the hippos went wild and for days the river could not be crossed. This added to the sickness and fear of newly trained guerrillas. This kind of water sickness (before or after crossing the river) was best treated by riverine locals who in this case were mainly the Tonga people. Once the war was over, the Tonga and their interventions were also forgotten. No research was even undertaken into this kind of water sickness that sometimes caused convulsions.

Snake bites were also reported in the interviews. Along the Zambezi, there were snakes so venomous that their bites rendered the medical assistant's kit useless. Even treatment with traditional medicines sometimes proved ineffective. A former ZIPRA guerrilla (Mpofu, pers. comm. 2012), now based in Bulawayo, reported that in one incident a colleague was struck, turned black and lay dead in less than 30 minutes. They had no choice but to leave his body in the long grass. In the interviews conducted, the interviewees reported that snake bites were often successfully treated by local traditional healers. For their own survival, it was key for guerrillas themselves to take the initiative to get treatment. Traditional healers also administered concoctions to guerrillas that ensured that snakes would not strike them. For a number of guerrillas, this worked because they were never struck right throughout the war. According to Mbedzi (pers. comm. 2018), snake bites were rare in this war. He argued that often guerrillas were under the protection of territorial spirits, which insulated them against snake bites and attacks by wild animals.

Traditional medicines are remembered for being effective in preventing guerrillas from being attacked by animals while at the same time permitting the enemy to be attacked or even eaten. A member of the Rhodesian African Rifles, who fought the war of liberation side by side with South African Defence Force members, witnessed a nasty encounter in the Zambezi Valley between a lion and a soldier some time in 1979. Rhodesian soldiers were on a reconnaissance mission close to a ZIPRA camp on the Rhodesian side early one evening when a lion charged towards them. Despite firing at the lion, one of the soldiers was attacked and devoured—all they could do was watch helplessly. It was only after the lion had gone that they realised that their good weapons had not malfunctioned. Those who had been brought up in rural set-ups knew the significance of this. Going traditional was the way to survive, given that the spirits of the land had turned their backs on those who supported the minority regime. Spirit mediums had to be persuaded to intercede with ancestors to serve guerrilla forces. Since ZIPRA combatants were fighting an authentic

war, they had the natural support which they simply needed to invoke. This was exactly what they were doing and it worked in as far as it gave them a reason to keep on fighting.

During Zimbabwe's war of liberation, a very strong and unique bond developed between guerrillas and traditional healers. In one area, not far from the source of the Musukwi River, guerrillas used to recuperate in the caves. According to Godfrey (2012), who was a member of the Rhodesian Security Force Auxiliaries, traditional healers and spirits often visited the sick in these caves. The area earned the name Maternity Ward. It is claimed that the area was well defended and was not attacked right up to the end of the war. Godfrey recalled that they had fought one guerrilla and had injured him but he was still able to escape in the direction of the Maternity Ward. All of them were afraid of tracking him there. The reason for their fear was not only military but also spiritual. They did not want to fight in a sacred place along the Musukwi River where it was thought that anyone who initiated fighting there was sure to lose. Again, the reason for relying on traditional healers was twofold: in the absence of medical orderlies, traditional healers successfully filled the gap by providing an essential service; and traditional healers' supernatural powers insulated the Maternity Ward from enemy attacks. It must be noted that the African approach to disease is holistic. It also caters for the spiritual realm, which explains why guerrillas were being treated in this specific area. In such situations, Western medicine cannot make a contribution because it lacks a spiritual dimension.

In traditional medicine, there are taboos on certain things, which sometimes made life unbearable for the guerrillas. For example, those who were being treated were at times told not to sleep with women because they were fighting a holy war which was not supposed to be contaminated by the profane. Guerrillas who refused to heed taboos set by local spirit mediums and medicine men were said to pose a danger to the whole group of guerrillas. As narrated by Chitsiga (pers. comm. 2016), who was a chief mujibha or assistant to guerrillas, misbehaving guerrillas in the area of Nyamhunga in the Hurungwe District of Zimbabwe were separated from the rest and ended up operating on their own after being ejected by their colleagues. Reportedly, these outcasts were the ones who looted and killed people indiscriminately. One such group in Nyamhunga was made up of five ZIPRA combatants. Towards the end of 1978, they were ambushed and all killed by Rhodesian security forces. As understood by Chitsiga, they were wiped out because they had resisted constructive advice. That advice was supposed to come from traditionalists who by extension had become pseudo commanders at the front. There is no doubt that the guerrillas in question were highly trained, but the demands of the war were eclipsed by the advanced training given in foreign countries. Once at the front, guerrillas were quick to revert to what they knew and understood better. This was tradition, and tradition also extended to the use of medicine.

ZIPRA guerrillas also visited local traditional healers and chiefs for protective snuff against illnesses and enemy attacks. According to Godfrey (pers. comm. 2012), healers and chiefs had to ensure that supplies of snuff were always available. When a guerrilla fell sick, it was

snuff that worked the wonders. When they lost sense of direction, it was snuff that redirected them. When they wanted the sick to be protected, snuff gave that protection. Should a chief turn out to be a sellout, his snuff failed. This was the case with Chief Nyamhunga who administered snuff to both sides (ZIPRA guerrillas and Security Force Auxiliaries), leading to increased deaths of guerrillas who in turn killed him in 1978. The current Chief Nyamhunga told this story about his predecessor. A similar story was told about a local *n'anga* from the Nyamupfukudza area who gave guerrillas directions to Gokwe, and also administered protective medicine to them. When they were attacked on that journey, they returned and killed the old man on grounds that he was a fake (Bhinya, pers. comm. 2018). This goes to prove that traditional medicine, like any other medicine, sometimes failed.

One of the major diseases that guerrillas contracted at the front was called *runyoka* or *rukahu*, caused by sleeping with someone else's wife. Often, married women are *fenced* or magically protected against other men. In the event that one sleeps with that woman, one contracts this illness, which cannot be treated in hospital. Only traditional healers can deal with this problem. A Special Branch officer, David Pike (pers. comm. 2018) who fought in many parts of Zimbabwe, heard about two sick guerrillas who were being treated by a herbalist, and it was decided to lie in ambush. This event occurred in January 1979. He narrated as follows:

Security Forces remained in the area and deployed to Matenga Kraal where intelligence had indicated that there were two ZIPRA men suffering from a spiritual tribal disease contracted from sleeping with another man's wife. This too was interesting and showed the significance the spiritual aspect was playing in the unfolding immorality of ZIPRA in the war. At 5am on the morning of the 6th of January 1979, Security Forces initiated contact with two ZIPRA but there were no casualties either side; one tin of ammunition and two ZIPRA packs were recovered.

The above event demonstrates the increasing importance of herbalists in treating the sick. Medicinal herbs can insulate someone against sickness and also against being shot. This is why the guerrillas relied on traditional medicines. For someone suffering from *rukahu* to go to the rear to be treated was as good as agreeing to be sentenced to death. Despite having wronged the community by sleeping with someone's wife, guerrillas were still treated locally. It was evident that guerrillas often ignored the advice of mediums particularly when it came to the abuse of married women and also of single women. There is evidence that many women enjoyed relationships with ZIPRA guerrillas but a good number did not, in particular the younger women. This abuse would not have pleased the spirit mediums. There must have been a conflict in the spirit world as the two opposing forces (ZIPRA and the Rhodesian Security Force Auxiliaries) sought acceptance and ascendancy.

Conclusion

This article argued that traditional medical knowledge was important in treating diseases that ZIPRA guerrillas could contract at the front. Some of the diseases, such as *runyoka*, could not be treated by Western medicine. In addition, guerrillas were often far away from the rear where hospitalisation of the sick was possible. It was indicated that the guerrilla fighters strongly believed in indigenous medicines. Fortunately, the belief systems of the communities in the areas where the guerrillas operated, particularly the Hurungwe District, were equally traditional, making it possible for the guerrillas to adapt to the existing traditional systems. Using the case of ZIPRA, the article uncovered the relationship between indigenous medical knowledge and the liberation of Zimbabwe. The argument for bringing to light such historical information lies in the value of exploring the vast traditional resources that lie untapped because many people are ashamed of reverting to the roots. This study can be regarded as the starting point for finding indigenous solutions to African problems.

References

- Abbott, R. "Documenting Traditional Medical Knowledge." Accessed November 26, 2018. www.wipo.int/export/sites.
- Bagwana, P. 2015. "Indigenous Knowledge of Traditional Medicine: Answering the Question of Knowledge Acquisition and Transmission among Traditional Health Practitioners in Uganda." Accessed November 26, 2018. <http://dergiler.ankara.edu.tr/dergiler/71/2037/21169.pdf>.
- Baleni. 2017. Interview. Gweru, July 4, 2017.
- Bhinya. Interview. Nyamupfukudza, Hurungwe District, April 15, 2018.
- Chakawa, J. 2014. "Metaphysics in Zimbabwe's War of Liberation (Second Chimurenga): Echoes from Participants." *Repositioning the Humanities: Journal of Contemporary Research* 1 (1): 44–61.
- Chakawa, J. 2015. "Abel Muzorewa's Security Force Auxiliaries during and after Zimbabwe's War of Liberation." PhD thesis, Midlands State University, Gweru, Zimbabwe.
- Chitsiga, Ngwarai. 2016. Interview. Troon Farm, Karoi, October 4, 2016.
- Dube. 2017. Interview. Bulawayo, September 24, 2017.
- Flower, K. 1987. *Serving Secretly: An Intelligence Chief on Record Rhodesia into Zimbabwe, 1964 to 1981*. London: John Murray.
- Godfrey. 2012. Interview. Mudzimu area, November 27, 2012.
- Magwizi. 2014. Interview. Bulawayo, September 14, 2014.

- Mahomoodally, F. 2013. "Traditional Medicines in Africa: An Appraisal of Ten Potent African Medicinal Plants." *Evidence-Based Complementary and Alternative Medicine* 2013 (2). <https://doi.org/10.1155/2013/617459>.
- Mavhunga, C. C. 2015. "Guerrilla Healthcare Innovation: Creative Resilience in Zimbabwe's Chimurenga, 1971–1980." *History and Technology* 31 (3): 295–323. <https://doi.org/10.1080/07341512.2015.1129205>.
- Mbedzi, Joseph. 2018. Interview. Harare, November 17, 2018.
- Mpofu, Charles. 2012. Interview. Bulawayo, August 12, 2012.
- Mudzimu, Joseph. 2015. Interview. The Court of the Headman, Mudzimu area, February 9, 2014.
- Nyamasoka. 2013. Interview. Chitindiva Primary School, Chundu, May 8, 2013.
- Nyawo, V. Z. and J. Chakawa. 2014. "Guerrilla Warfare and the Environment in Southern Africa: Impediments faced by ZIPRA and Umkhonto Wesizwe." *Oral History Journal of South Africa* 2 (2): 36–47.
- Olatokun, W. O. 2010. "Indigenous Knowledge of Traditional Medical Practitioners in the Treatment of Sickle Cell Anemia." *Indian Journal of Traditional Medicine* 9 (1): 119–25.
- Pike, David. 2018. Telephone interview. Durban, December 27, 2018.
- Zulu. 2014. Interview. Chinhoyi, August 24, 2014.